

PATENT  
Attorney Docket No. BIT-001  
(1538/47)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Perls et al.  
SERIAL NO.: 09/928,102 GROUP NO.: 1645  
FILING DATE: August 10, 2001 EXAMINER: Not Yet Assigned  
TITLE: Genetic Loci Indicative of Propensity For Longevity And Methods For  
Identifying Propensity For Age-Related Disease

Assistant Commissioner for Patents  
Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY

Sir:

An associate power of attorney is hereby granted to:

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Mark L. Beloborodov	Reg. No. 50,773
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Leigh J. Martinson	Reg. No. 50,749
Jeremy Oczek	Reg. No. 50,794
David L. Schuler	Reg. No. 51,190

in connection with the above-identified patent application.

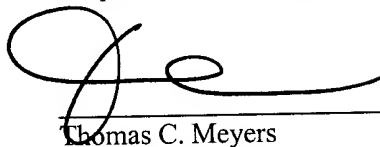
The Power of Attorney of the following attorneys is hereby revoked:

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Joel Stettenheim	Reg. No. 48,797

Please direct all correspondence relating to the above application to:

Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
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Respectfully submitted,

A handwritten signature in dark ink, consisting of a large, stylized 'T' followed by a horizontal line and a small flourish.

Thomas C. Meyers  
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1645  
PATENT  
Attorney Docket No. B11-001  
(1538/47)

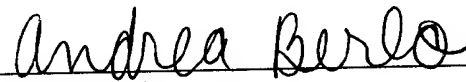
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**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 28<sup>th</sup> day of February, 2002.

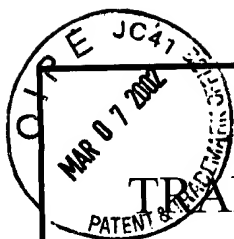
  
Andrea Berlo

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal (1 page);  
Associate Power of Attorney (2 pages);  
Information Disclosure Statement (1 page);  
Form PTO-1449 (3 sheets);  
Copies of references C1-C30; and a  
Return receipt postcard.



# TRANSMITTAL FORM

Application Serial Number	09/928,102
Filing Date	August 10, 2001
First Named Inventor	Perls
Group Art Unit	1645
Examiner Name	Not Yet Assigned
Attorney Docket No.	BIT-001 (1538/47)

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## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input type="checkbox"/> Petition for Extension of Time<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Form PTO-1449<br><input checked="" type="checkbox"/> Copies of IDS Citations (C1-C30)<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><br><input type="checkbox"/> Formal Drawing(s) -<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input checked="" type="checkbox"/> Associate Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|---|

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Respectfully submitted,

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